PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

00 MAR -8 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000011445

1. Corporation Name
JOY TO THE WORLD COLLECTIBLES, INC.

2. Principal Office Address	**3.** Mailing Office Address
850 PARK SHORE DRIVE	850 PARK SHORE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES, FL	City & State: NAPLES, FL
Zip: 34103 Country: USA	Zip: 34103 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2/4/98

5. FEI Number: 65-0819450 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MICHAEL M. CARDLE

000003259940--9
-05/19/00--01103--026
****900.00 ****900.00

Street Address (P.O. Box Number is Not Acceptable): 850 PARK SHORE DRIVE

Suite, Apt. #, Etc.:

City: NAPLES State: FL Zip Code: 34103

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Michael M Cardle Date: 3.7.00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	LISA L. KELECHAVA	1004 BLETTON RIDGE	KNOXVILLE, TN 37919
CFO	GREGORY P. HACKETT	4831 DARROW RD, STE 105	STOW, OH 44224
VP	NEAL WHITE	1853 TRADE CTR WAY	NAPLES, FL 34109
	REINSTATEMENT 99-02		

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ 2/25/00 865-470-7148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #